

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Post Office Box 11066
 Richmond, Virginia 23230-1066
 (804) 367-0010
www.dpor.virginia.gov



Cemetery Board
PRENEED TRUST FUND FINANCIAL REPORT - SCHEDULE B
Statement of Required Deposits

Include all deposits for receipts received during the reporting period (cash or accrual).

Cemetery Company Name _____
 Name as it appears on the Cemetery Company's License

Cemetery Company Virginia License Number _____

		Column A Monthly Receipts Subject to Deposit Requirement	Column B Required Deposit	Column C Amount Deposited	Column D Date of Deposit
1.	Month and Year				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.	Total <i>(add entries in each column)</i>				
14.	Last Month of Filing Period <i>(cash basis filers only)</i>				

+ The total of Column B, Line 13 must agree with Schedule A, Line 2.